



Disability & Mental Health Summit Legislative Panel
Thursday, April 18, 2024 | 2 p.m.
Hosted by
State Representative Dan Miller

PANEL ONE: Access to Quality Assurance Checks for Complex Wheelchair Users

- Dr. Mark Schmeler, University of Pittsburgh, Department of Rehabilitation Science & Technology
- Matt Berwick, United Spinal Association of Pittsburgh
- Vincent DeMarco, Grand View Health
- Skip Katich, Pennsylvania Association of Medical Suppliers (PAMS)

PANEL TWO: Mental Health and Foster Care: Unmet Needs and Untapped Opportunity

- Laura Maines, Every Child, Inc.
- Mary Carroll, Foster Parent
- Kelley Swift, Court Appointed Special Advocates (CASA) for Kids of Washington County

Point a smartphone camera here to find testimony & supporting materials from the discussion:





April 9, 2024

Good afternoon,

Thank you for the opportunity to discuss the need for a wheelchair wellness bill. My name is Mark Schmeler and I am an Occupational Therapist and a certified Assistive Technology Professional with 35 years of experience serving people with disabilities who use complex custom configured manual and power wheelchairs. These devices are not the typical wheelchairs you would see people being pushed in at airports or hospitals rather sophisticated devices that my colleagues will demonstrate later in this testimony. Users of these devices typically have neuromuscular conditions such as stroke, spinal cord injury, traumatic brain injury, and multiple sclerosis and orthopedic conditions such as amputations and advanced arthritis who completely rely on these devices for mobility as well as to function and participate in community living.

I am the director Of the Center for Assistive Technology at the University Of Pittsburgh Medical Center that sees about 1200 people per year for wheelchair services. I am Also an Associate Professor and Vice Chair for Clinical Services & Policy in the Department of Rehabilitation Science & Technology at the University of Pittsburgh. In my research capacity, I oversee several large datasets related to wheelchair seating and mobility including the Wheelchair Outcomes Registry that has over 15,000 cases as well as the Wheelchair Repair Registry with over 60,000 repair encounters. Today I will share the research findings associated with this data as well as the findings of other investigators related to the topic. I have also provided the references to these peer-reviewed scientific publications in the handout package. Further, I will share my clinical opinions on the need for improved access to wheelchair maintenance services in support of H.B. 183.

- Like any household appliance or vehicle, components of wheelchairs do wear out and fail thus requiring ongoing maintenance and inspections. The research shows that for manual wheelchairs this includes casters, tires, bearings, armrests, and footrests. The same components also fail on power wheelchairs however the electronics, batteries, and motor/actuators are most common. These components also tend to fail somewhat predictably and last on average about 2-years however varies based on the type of device and the user's lifestyle. This is not to say wheelchairs are of low quality but rather parts cannot be expected to last the full 5-year overall reasonable useful life of the device. This is no different than the parts on an automobile that require maintenance and replacement and if not addressed can result in catastrophic situations. (Mhatre et al., 2022; Henderson et al., 2022; James et al., 2022).
- In 2009 research showed that 45% of wheelchair users experienced a failure in a given 6-month period and in 2022 this has increased to 64%. The frequency of wheelchair repairs is increasing but not necessarily because of equipment quality but rather people with disabilities have become more active in their communities which we need to

support. If the general population were to experience similar rates of failure with common appliances, there would be significant public outcry. (McClure et al., 2009; Toro et al., 2016; Worobey et al., 2012; Worobey et al., 2022).

- Timeliness of repairs can take weeks if not several months to perform. These failures result in people being stranded, missing important events, being stuck in bed, other adverse medical conditions such as falls and pressure sores, and in some cases death. This also has significant impact on the psychosocial well-being of the user. (Hogaboom et al., 2018; Chen et al., 2011).
- Research findings indicate many users are not aware when their wheelchairs are in need of maintenance or repair and most are not capable of performing these tasks. Basic tasks such as cleaning the device can be performed by many users or caregivers however maintenance and repairs should be performed by a trained and qualified individual such as a certified technician. Users should however be able to order parts directly from the supplier or manufacturer (with a liability waiver) in instances whereby they or another person have the ability to perform such tasks. (Hansen et al., 2004; Toro et al., 2016).
- Due to the custom configuration of these devices, most users do not have a reasonable back-up wheelchair when their device is not operational. Loaner devices are also difficult for suppliers to provide given this custom configuration and ill-fitting loaner devices can cause harm. Therefore, policy should also consider maintaining a back-up device.
- In 2011, the Rehabilitation Engineering & Assistive Technology Society of North America (RESNA)¹ issued a *Wheelchair Service Guide* outlining best-practice steps in the provision and management of wheelchairs. Aftercare such as routine follow-up and maintenance is described as an essential component of best practice (Arledge et al., 2011). Current health policy provides guidance for coverage of a device however provides no policy or guidance related to aftercare such as routine maintenance. Payment for the replacement of a part is only covered upon failure. There is also no policy to support routine maintenance and inspections. Therefore, it is difficult to enforce a best practice standard when it is not fully supported by policy.
- A study found that of suppliers surveyed, factors that negatively impact repairs include insurance documentation and authorization, limited funding dedicated towards equipment parts and preventative maintenance, and the overall inefficiency of the repair process. Most credible suppliers do provide repairs however it is difficult to allocate resources to this service when it is performed at a financial loss. For example, reimbursement is only provided for the parts and labor but does not account for travel to the person's home, time to diagnose the problem, or expedited shipping of parts during imminent situations. Updated policy should take these factors into consideration but also further mandate that suppliers be required to provide maintenance and repair services for any devices they procure. Insurance prior authorization for repairs should also be removed especially for parts that are known to fail within certain timelines. (Ruffing et al., 2022; Schmeler et al., 2023; Swinford, n.d).

- Evidence to the benefits of routine wellness encounters and preventative maintenance is cited in the scientific literature. One randomized clinical trial showed such strategies reduced adverse events. Another study in the UK showed that remote monitoring reduced the cost of replacement parts especially batteries in power wheelchairs. (Hansen et al., 2004; Mhatre et al., 2023).

In addition to research evidence, clinical observations supports a policy for wellness checks on complex wheelchair devices. Note this is a national issue being addressed by other States. For example, Connecticut has given this consideration and issued a report that can be found at [SA 23-22 Wheelchair Repair Task Force Final Report.pdf \(ct.gov\)](#), The International Registry of Rehabilitation Technology Suppliers (iNNRTS) has also prepared a practice guideline related to wheelchair repair and maintenance that can be accessed at [Repair Practice Guidelines - NRRTS](#). These guidelines, alongside the RESNA *Wheelchair Service Guide* are only effective and enforceable provide they align with coverage policies. There is no one entity that can be blamed for wheelchair issues but rather there needs to be a cooperative approach by all stakeholder groups including policy makers to address this issue to support people with disabilities to live and function in their communities. Coverage for routine wheelchair maintenance will not solve all the problems but is a good first step in that direction.

Respectfully Submitted,



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Hello and good afternoon,

I come before you today to shed light on an often-overlooked aspect of the well-being of people with disabilities, and that is wheelchair wellness checks. My name is Matthew Berwick, and I am the President of United Spinal Association of Pittsburgh. United Spinal Association of Pittsburgh is one of four chapters in the Pennsylvania and our collective mission is to Empower and advocate for people with spinal cord injuries and all wheelchair users to achieve their highest quality of life. You may be unaware, but according to the CDC 2.7 million Pennsylvanians or 26% have a disability. Furthermore, 12% of adults in Pennsylvania report having a mobility type of disability.

While we often prioritize the health of our bodies, we must not forget the vital role that mobility aids play in enhancing the quality of life for individuals with disabilities. Wheelchairs, in particular, serve as key tool, providing freedom, independence, and access to the world around us. However, like any other piece of equipment, wheelchairs require regular maintenance and care to ensure they remain in optimal working condition.

Imagine for a moment, if you will, the impact of a malfunctioning wheelchair on an individual's life. It's not merely an inconvenience; it's a barrier to independence and participation in daily activities. A flat tire, a loose bolt, or a malfunctioning brake can turn a simple outing into a daunting and potentially dangerous endeavor. For many wheelchair users, their mobility device is not just a means of getting from point A to point B; it's a lifeline, a conduit to freedom and autonomy.

Oftentimes what we see is that wheelchair users do not have the opportunity to engage with their wheelchair supplier to ensure their wheelchair remains in working order often leading to catastrophic failure requiring long periods of time where they are stuck in their homes unable to be active members of their community and missing important events and having to take time off of work.

Let me take a brief moment to share a story about a person who was in this very situation. Wheelchairs have many pieces and parts and all of them need to be in working order for a wheelchair user to be successful. However, even the most diligent of wheelchair users may not be aware of the intricacies of their own wheelchair to be able to independently maintain it. One of our chapter members was at college and due to the lack of wheelchair wellness checks had a malfunction of one of his smart wheels. This left him stranded at the bottom of a hill and he had to rely on the kindness of others to get him back to his dorm room. Because of this catastrophic failure he was unable to move around campus and was stuck in his dorm room. Although the repair was covered by his insurance it took the supplier about a month and a half to order the part, receive them and repair his wheelchair.

This is just one example of why wheelchair wellness checks are so crucial. Much like regular check-ups with a physician, these assessments ensure that wheelchairs are in proper working order, minimizing the risk of breakdowns and ensuring the safety and well-being of their users. During these checks, trained professionals can identify and address issues before they escalate, performing routine maintenance, adjustments, and identify areas in need of repair to keep wheelchairs functioning smoothly.

However, despite the evident importance of these wellness checks, there exists a significant barrier - the lack of insurance coverage. Passing legislation to mandate insurance coverage for wheelchair wellness checks is not just a matter of convenience; it is a matter of basic human rights. It is about ensuring that individuals with disabilities have equal access to the healthcare they need to live fulfilling and healthy

lives. It is about recognizing their dignity and worth as members of our society and providing them with the support they deserve.

Moreover, wheelchair wellness checks go beyond mere maintenance; they also serve as opportunities for education and empowerment. Many wheelchair users may not be aware of the signs of wear and tear or the proper maintenance techniques to keep their devices in top shape. Through these checks, individuals can learn essential skills, such as basic troubleshooting and preventative care measures, empowering them to take an active role in maintaining their mobility and independence.

Furthermore, wheelchair wellness checks contribute to overall health and well-being. A well-maintained wheelchair reduces the risk of musculoskeletal injuries caused by poor posture or improper seating. It promotes better mobility and circulation, reducing the likelihood of secondary health complications such as pressure sores or circulation problems. In essence, investing in the maintenance of wheelchairs is an investment in the health and longevity of the individuals who rely on them.

In conclusion, wheelchair wellness checks are not merely a matter of convenience; they are a fundamental aspect of healthcare for individuals with disabilities. By prioritizing the maintenance and upkeep of wheelchairs, we uphold the dignity, autonomy, and well-being of wheelchair users, enabling them to live life to the fullest. Let us commit ourselves to promoting awareness, advocating for access, and investing in the health and safety of all members of our community, regardless of their mobility needs. Thank you.

Matthew Berwick

Matthew Berwick

President, United Spinal Association of Pittsburgh

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Vince DeMarco Testimony Transcript:

Thank you, Representative Miller, legislators and guests. We applaud and appreciate your continued support of House Bill 183. My name is Vincent DeMarco. I am a licensed Physical Therapist and a credentialed Assistive Technology Professional, or what is called an “ATP”. I am employed within a hospital system in Southeastern Pennsylvania in a small department focusing on complex rehabilitation technology, which is also known as “CRT”.

We provide approximately 70 Complex Rehab Technology wheelchairs to consumers per year, and our company currently services an average of 600 medically complex individuals. The patient population is comprised of approximately 65% individuals with Intellectual or Developmental Disabilities, such as cerebral palsy, as well as about 20% with aging deformities, 10% who are experiencing progressive neurologic disorders, and 5% with traumatic head trauma and paralysis.

These individuals depend on their wheelchairs for everything:

- Proper positioning when out of bed
- Employment
- Attending workshops and educational centers
- Socializing with family, friends, colleagues
- Attending medical appointments and community activities....Everything.

To keep this in perspective, it can take approximately 3-5 months from initial evaluation to delivery for the individuals to receive a Complex Wheelchair like the ones on display.

To provide Complex Rehab Technology devices, it requires a vast team of professionals, including, but not limited to: Physical, occupational and speech therapists, doctors, engineers, social workers, family and care providers. The complex wheelchairs provided are designed specifically for the individual and the individual’s functionality within their community and society.

I would like to review how the repair process affects the users when their Complex wheelchairs become damaged or unusable. As Mr. Berwick shared with everyone previously, there can be a multitude of reasons for a complex wheelchair to malfunction unexpectedly. The type of repairs needed can be diagnosed quickly; however, in some cases, getting the actual repairs completed can take from weeks to months, based on the availability of replacement parts, along with insurance authorizations, and the logistical planning needed to have the complex wheelchair brought into the repair clinic. At times, when there is an unanticipated breakdown with the chair, our repair technicians would also need to add an unplanned stop at a consumer's place of residence to assess the equipment.

The usual process for handling a complex wheelchair repair starts with the supplier receiving a call about a potential problem. We then schedule the wheelchair for a diagnostic visit, either in the user's place of residence or at our company location.

If it is determined that a repair is needed, we contact the manufacturer for the replacement item and price quote, as needed. It should be noted that, if the wheelchair is determined to be completely inoperable at the time of the initial diagnostic review, the user may be provided with a loaner wheelchair that may not specifically match that user's clinical needs.

We may need to obtain a written prescription and other documentation from the ordering practitioner that indicates the repair itself is reasonable and necessary, and we have to document details describing the need for, and nature of, all repairs.

In addition, depending on the insurance, we may need to obtain a prior authorization for the repairs. Once approved, the parts are ordered, if not already in stock. If the request is denied, we need to appeal that decision with additional documentation and other steps.

If the part(s) needed to be ordered, upon arrival, the user is scheduled for a repair clinic visit or an in-home repair, as applicable. The repair is performed by the repair technician. If any adjustments are required for the user's seating and positioning, the ATP would assist with that clinical process.

The Assistive Technology Professional and the Repair Technician collaborate on repairs. For example, our Repair Technician has nearly 30 years of Complex Rehab Technology repair experience. He increases his knowledge through online programs, manufacturer in-services and dialoguing with technical assistance representatives for the types of wheelchairs we provide. He works in conjunction with ATP to provide the most effective service and care for the consumers' equipment. He is responsible for Complex manual and power wheelchair repairs.

Depending on the type and severity of the repairs needed, repair technicians may need as little as 15 minutes to do the repair, or up to several hours. Reimbursement for these repairs varies according to the payer source and contractual obligations.

The goal of House Bill 183 is to reduce or prevent catastrophic failures of the complex wheelchair. This could be accomplished by timely preventive maintenance checks twice per year.

The types of checks that are performed for manual complex wheelchairs include:

- Inspecting for any loose parts
- Analyzing the frame for fractures or damage
- Inspecting leg rests for proper mechanics
- Checking the front castors, rear wheels, bearings and axles for proper function and assessing for any damage and wear
- Inspecting the anti-tippers for proper attachment and wear

- Assessing that cables, attachments, and braking mechanisms are functional and checking for wear, making any necessary adjustments
- Inspecting headwear, positioning hardware, belts, and accompanying hardware
- Inspecting custom seating, backing, arm rests and padding for integrity

For power complex wheelchairs, we assess similar aspects as with the manual wheelchairs, plus we would determine the functionality of the motor, cables and attachments for any wear or other problems. We would also inspect the electrical components, such as power tilt, recline, and seat elevation. We would also inspect the drive pattern and response for the wheelchair, and ensure that the batteries and cables are functional.

In conclusion, performing scheduled complex wheelchair well-checks will enable the identification of potential issues prior to prevent catastrophic breakdowns that would severely impact the wellbeing of the wheelchair user.

Thank you.

Skip Katich Testimony:

Thank you, Representative Miller, panelists and guests, for the opportunity to speak with you today about House Bill 183, and the impact of complex wheelchair breakdowns on the users and what is happening on the complex rehab technology supplier side. My name is Stephen Katich, and I have been in the home medical equipment industry for 44 years. I am a previous owner of a home medical equipment and supplies company, and I am currently the Vice President of Government Relations for Blackburn's, which was founded back in 1936. We have four offices located in the Pittsburgh, Harrisburg and Erie areas. Blackburn's is a full-service home medical equipment company that offers complex rehab technology products. I am also the Board Chair of the Pennsylvania Association of Medical Suppliers, which is our association representing home medical equipment and supplies providers within the Commonwealth, including complex rehab technology suppliers. As reviewed by my colleagues, PA House Bill 183, would help ensure the safe operation of a consumer's complex wheelchair to avoid total, catastrophic breakdowns that could leave them without mobility for days or longer. The Bill would provide reimbursement from commercial payers and PA Medicaid for up to two wheelchair "well check" visits per year to help ensure the continued safe operation of the equipment. We have brought a few types of wheelchairs to demonstrate the differences between a simple manual wheelchair, versus the more complex manual and power wheelchairs that include various components that are needed based on the user's medical needs. Standard manual wheelchairs that are designed for part-time or intermittent use are generally rented and covered under a consumer's insurance benefit. These simple manual wheelchairs are excluded from the Bill. As Mr. DeMarco described, there are various components that could fail and lead to catastrophic breakdowns.

For example, the top five most common repair or replacement items for Power complex wheelchairs include:

- Batteries
- Joystick
- Tires/wheel assembly

- Brakes, and
- Armrests

The proposed Bill would allow for up to two preventive maintenance checks to be performed by the complex rehab technology providers' repair technicians. We have received questions from legislators and the community about the education and training for these repair technicians. Our providers are required by Medicare to employ at least one trained repair technician per location, in addition to one credentialed Assistive Technology Professional or "ATP."

The Repair Technicians, per the Medicare requirements, can program and repair sophisticated power wheelchairs, electronics, alternative drive controls and power seating systems. The rules require that our Repair Technicians complete at least ten continuing education hours annually related to complex rehab technology, and they obtain their experience through on-the-job training and from the manufacturers on the products we supply.

Stakeholders have also asked if these well-visits are just a way for the user to obtain a new complex wheelchair earlier than needed. The answer is no, because many users prefer to keep their equipment as long as possible as there are often issues "breaking in" a new wheelchair. Users do want their wheelchairs to be in a reliable working condition to avoid the stress and disruption of breakdowns.

Access to timely wheelchair repairs has become increasingly difficult over the last few years due to supply chain disruptions, labor shortages, documentation delays and inadequate reimbursement for wheelchair repairs and service items. Well-visits could help identify potential problems before a catastrophic breakdown.

Another primary question pertains how Complex Rehab Technology providers are paid currently for well-visits. As we have stated previously, there is no current reimbursement structure for payment for performance of complex wheelchair well-visits. There is payment for repairs and replacement parts, and the associated labor; however, there is no reimbursement for preventive maintenance checks.

As an example, the current PA Medicaid reimbursement for Repairs or nonroutine service for durable medical equipment, which includes complex wheelchairs is \$6.25 per 15 minutes, which equates to \$25 per hour. The number of units billed depends on the actual amount of labor that would be needed to do the repair. Parts are reimbursed separately.

Another important question we have been asked involves other states, and how they are handling this situation. There are no other states who are trying to adopt this unique approach of House Bill 183. Other states, such as Colorado, California, Connecticut and others, have introduced “right to repair” or similar legislation that does not fix the problem. House Bill 183 actually provides a real solution.

In conclusion, Complex custom-fitted wheelchairs require ongoing maintenance and adjustments no different than any other device or appliance, such as an automobile or a furnace. Most users are unable to perform repairs or maintenance, nor would it be safe for them to do them. Most require the skill of a properly trained and certified technician.

PAMS, our state association, as well as our provider community, support House Bill 183, as routine maintenance will likely reduce costly catastrophic failures and adverse events. Thank you.



PA HB 183 & SB 511 – Complex Wheelchair Quality Assurance

The Pennsylvania Association of Medical Suppliers (PAMS) supports passage of HB 183 and SB 511, the Complex Wheelchair Quality Assurance Act. This legislation is intended to provide coverage for up to two wheelchair “well check” visits per year to help ensure safe operation of a consumer’s complex wheelchair and avoid total breakdown that could leave them without mobility for days.

Background:

Access to timely wheelchair repairs has become increasingly difficult over the last few years due to supply chain disruptions, labor shortages, documentation delays, and inadequate reimbursement for wheelchair repair and service items. Wheelchair users are looking for ways to avoid disruption and some other States have introduced other legislation that does not fix the problem. Legislation that provides consumers coverage for preventative maintenance is a real solution to avoid complete breakdown and a potential exacerbation of their medical condition while waiting weeks or months for their wheelchair to be repaired.

This legislation applies to complex wheelchairs that require configuring, fitting, programming, adjusting, or adapting the wheelchair to best address the individual’s medical needs. Standard wheelchairs that are designed for part-time or intermittent use are generally rented and covered under a consumer’s rental benefit.

ASK:

We encourage all members of the House and Senate to cosponsor the legislation (HB 183 / SB 511) to provide people with disabilities an option to proactively address issues with their complex wheelchair prior to a breakdown situation that could leave them without mobility for weeks. PAMS supports this legislation and looks forward to working with legislators and the Shapiro Administration to help ensure appropriate payment rates are established for this benefit.

For additional information please contact:

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Mental Health and Foster Care: Unmet Needs and Untapped Opportunity

There are almost 400,000 children and youth in foster care nationwide and over 19,000 children in care here in Pennsylvania. Despite a growing understanding of the importance of mental health and well-being, mental health is the largest unmet health need for children in care. This panel will discuss the mental health needs of these vulnerable youth, the barriers to meeting those needs, and how a holistic, child-focused approach can make a difference.

Panelists:

Laura A. Maines, Esq.

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CEO of Every Child, Inc., a foster care, and community-based behavioral health nonprofit serving Allegheny, Washington, and Westmoreland Counties for over 25 years. Laura also serves as the Public Policy Chair for the Pennsylvania Council of Children, Youth and Family Services.

Mary Carroll

Mary.v.carroll@gmail.com

Mary Carroll and her spouse have been fostering parents with Every Child for four years and have opened their home to six children, including older youth and sibling groups. They have experienced first-hand the challenges of accessing and assuring continuity of quality mental health care for youth in care.

Kelley N. Swift, Esq.

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Executive Director of CASA for Kids of Washington County, Kelley has advocated for children in the child welfare system for over 20 years.

Summary

For the almost 20,000 children served annually by the foster care system in Pennsylvania, being removed from their family and familiar environment, is a traumatizing event. This is in addition to the traumatic circumstances or events that led to the need for placement, which may include physical abuse, sexual abuse, neglect, exposure to domestic violence, addiction, and housing or food insecurity. We know that children in foster care are diagnosed with mental health illnesses at significantly higher rates than the general population. The American Academy of Pediatrics identifies mental and behavioral health as the greatest unmet health need for children and teens in foster care. Indeed, up to 80 percent of children in foster care have a significant mental health



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diagnosis, compared to 20 percent of the general population. Working across systems, and with legislative and administration support, we can do better for our most vulnerable children. It starts by understanding the problem, recognizing barriers to care, addressing systemic inadequacies that contribute to trauma, and prioritizing mental health and well-being for our foster children.

What we're up against:

- 60-80% of children with severe mental health conditions demonstrate a positive response to therapeutic treatment but less than 25% of children in foster care have received any mental health services after a year in care.
- Youth in foster care experience PTSD at two times the rate of U.S. war veterans.
- Youth in foster care are 3-13 times more likely to be prescribed psychotropic medications than other minors.
- Systems and parties in dependency operate in a vacuum – meaning foster parents, school, OCYF, biological family, counsel may each have a piece of the history, but outdated rules and procedures make sharing information – and therefore timely decision-making – difficult.
- Despite entering foster care with recognized trauma, children in Pennsylvania are not automatically evaluated by a pediatric mental health professional upon intake to identify any mental health treatment needs. Consequently, needed treatment is often delayed or ongoing treatment interrupted.
- Visitation, in keep with a goal of reunification, is most often based upon the visiting parents' availability and not on the child's schedule, school activities, or visitation schedule with other family members (i.e., grandparents, siblings, etc.). In many cases the result is the child is scheduled for multiple visits per week after school and on weekends, limiting opportunities for extracurricular activities, time with friends, or time to just decompress.
- Foster parents are often provided little to no mental health information upon accepting a child for placement in their home. Moreover, they rarely have the authority to seek evaluation or other treatment without OCYF or court approval.
- Changes in placement can lead to significant disruption in treatment and/or multiple changes in treatment provider. This is particularly true when a change in placement means a child is living outside of their behavioral health MCO's network.
- Untreated mental health challenges create instability in foster care placements – and instability in foster care exacerbates mental health problems. 90% of youth with 5 or more placements in foster care enter the juvenile justice system.



everychildinc
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The failure to meet the needs of children in foster care is not a foster care problem – it is a community problem. And it will require a community commitment to improve the lives of our children. Children are resilient – but children who have experienced trauma need a healthy system that can appropriately meet their needs to heal.

Steps to begin:

- **Policymakers must prioritize adopting a culturally responsive, trauma-informed, and holistic approach to supporting the needs of children in foster care.**
- **County child welfare agencies should be required to have a mental health provider perform well-being screenings and assessments on every child entering care.**
- **Barriers to sharing vital mental health information with service providers should be identified and eliminated where possible.** For example, CASA should be permitted to share mental health history, treatment information, and case history with a child’s mental health treatment team without need of a court order when those treatment providers are bound by HIPAA.
- **Training and other resources for foster parents should be increased** to better prepare them to support a child through trauma and mental health challenges while also ensuring trauma-informed support for foster parents themselves.
- **Billing and treatment authorization should be streamlined when a child is placed out of their managed care network.** For example, a Washington County child placed in an Allegheny County home should not have treatment delayed because their Allegheny County treatment provider is out of network.
- **Child-centered planning should take place around visitation and scheduling.** While visitation is important for maintaining familial relationships and to prepare for reunification, it should not be at the expense of the child’s well-being. Consideration should be given to the child’s school and homework obligations, allowing the child down time and time to engage in age-appropriate extracurricular activities.

Our child welfare system is complex, well-intentioned, and falls far short of what our children need and deserve. Together, we can make changes that will bring us closer to what we all hope our foster care system can be – a nurturing, healthy, safe haven for children in need and an opportunity for families to work toward healing. Thank you for your consideration of this important issue.